

Inorganic Chemistry III:

Balancing equation vs. Sudoku, there is a difference!

Dates: July 6 – July 10, 2009

Location: Davis High School, Kaysville, Utah

Credit: USOE or 3 Utah Valley University semester credits

Instructors: Frank Stevens

Course Contact Information:

Duane Merrell,	801-422-2255	duane_merrell@byu.edu
Richard R. Tolman	801-863-6229	tolmanri@uvu.edu

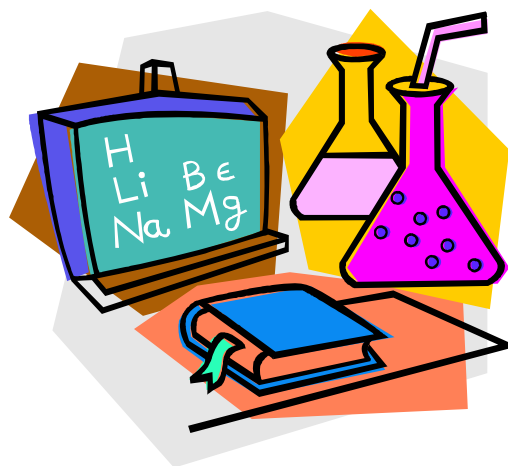
Registration Fee and Deposit:

\$275 Registration fee to: Emery County School District

\$50 Deposit to: Utah Valley University

Send registration form and deposit to:

Richard R. Tolman, Ph.D.
Professor of Biology
224 Science Building, Mail Code 179
Utah Valley University
800 West University Parkway
Orem, UT 84058



Registration Contact Information:

Richard R. Tolman
801-863-6229
tolmanri@uvu.edu

Course Description:

The course will focus on learning and teaching of chemistry. This week long chemistry course will include inquiry style of learning with methods to reach and engage students in the study of chemistry. Fabulous learning as only Frank Stevens can deliver will be enjoyed during this week long course.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



2009 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Workshop Title	Date	Location	Registration Fee

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____
City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

- ☐ **PERSONAL** Check # _____ enclosed **OR**
☐ **SCHOOL** _____ *Principal* **OR**
☐ **DISTRICT** _____ *District Representative*

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the above listed workshop contact.

A separate registration form must be submitted for each workshop you plan to attend.